

FORM C/OH  
COVER SHEET PG 1

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

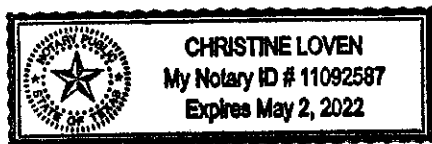
2 of 23

13 C / OH NAME Skinner, Mark	14 Filer ID
---------------------------------	-------------

15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 748.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,026.20
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,690.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,124.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

## 17 AFFADAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

B. Mark Skinner  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MARK SKINNER, this the 26th day of April, 20 19, to certify which, witness my hand and seal of office.

Christine Loven Christine Loven Notary  
Signature of officer administering Printed name of officer administering Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

3 of 23

18 FILER NAME

Skinner, Mark

19 Filer ID

20 SCHEDULE SUBTOTALS

NAME OF SCHEDULE

SUBTOTAL AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	10,026.20
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,000.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	11,646.53
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	44.25
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/23
2 FILER NAME Skinner, Mark		3 Filer ID
4 Date 03/28/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altmont, David	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 520 ROUND HOLLOW LANE  SOUTHLAKE, TX 76092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Autrey, Larry	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2201 CARLISLE AVE  COLLEYVILLE, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Mona	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6200 LAKE WAY  NORTH RICHLAND HILLS, TX 76180		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauer, Mark	Amount of Contribution (\$) \$400.00
Contributor address; City; State; Zip Code 609 COLTS NECK CT  COLLEYVILLE, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calvert, Jimmy	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 1704 OAK KNOLL DR  COLLEYVILLE, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/8 Rpt: 5/23
<b>2</b> FILER NAME Skinner, Mark		<b>3</b> Filer ID
<b>4</b> Date 03/26/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compo, Lorraine <hr/> <b>6</b> Contributor address; City; State; Zip Code 2904 COTTONWOOD LANE  COLLEYVILLE, TX 76034	<b>7</b> Amount of Contribution (\$)  \$54.90
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durden, Bud & Grace Ann <hr/> Contributor address; City; State; Zip Code 7 RUSHING MEADOW COURT  DALWORTHINGTON GARDENS, TX 76016	Amount of Contribution (\$)  \$535.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanna, Margery <hr/> Contributor address; City; State; Zip Code 16 HUNTERS RIDGE LANE  TROPHY CLUB, TX 76262	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Mark <hr/> Contributor address; City; State; Zip Code 1421 DOUGLAS AVE  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  \$109.80
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haugland, Kristin <hr/> Contributor address; City; State; Zip Code 705 LA MANCHA CT  EL PASO, TX 79922	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 3/8 Rpt: 6/23

2 FILER NAME  
Skinner, Mark

3 Filer ID

4 Date  
04/05/2019

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Hinojoza, Henry

7 Amount of Contribution (\$)  
\$100.00

6 Contributor address; City; State; Zip Code  
1815 ANGLERS PLAZA  
GRAPEVINE, TX 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
03/26/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Kelly, Bruce

Amount of Contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
3001 SCARBOROUGH LN W  
COLLEYVILLE, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/12/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Kirby, Zoe

Amount of Contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
721 FEGANS PATH  
COLLEYVILLE, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/01/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Lewis, Patricia

Amount of Contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
209 OAKLAWN DR  
COLLEYVILLE, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/26/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mastagni, Danee

Amount of Contribution (\$)  
\$54.90

Contributor address; City; State; Zip Code  
4108 PEMBROOKE PKWY W  
COLLEYVILLE, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/8 Rpt: 7/23
<b>2</b> FILER NAME Skinner, Mark		<b>3</b> Filer ID
<b>4</b> Date 03/27/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mavis, Beverly <hr/> <b>6</b> Contributor address; City; State; Zip Code 4301 GREEN MEADOW ST E  COLLEYVILLE, TX 76034	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McConnell, Melissa <hr/> Contributor address; City; State; Zip Code 1717 AVONDALE DR  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  \$109.80
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meadows, Elizabeth <hr/> Contributor address; City; State; Zip Code 3900 SPRING HOLLOW ST  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  \$109.80
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Danny & Patty <hr/> Contributor address; City; State; Zip Code 6810 PROVIDENCE ROAD  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, John & Tanya <hr/> Contributor address; City; State; Zip Code 4602 MILL WOOD DR  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/8 Rpt: 8/23
<b>2</b> FILER NAME Skinner, Mark		<b>3</b> Filer ID
<b>4</b> Date 04/13/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neal, Don <hr/> <b>6</b> Contributor address; City; State; Zip Code 5310 NORMANDY DR  COLLEYVILLE, TX 76034	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 04/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pederson, Gina <hr/> Contributor address; City; State; Zip Code 3001 MATTERHORN DRIVE  BEDFORD, TX 76021	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>Date</b> 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pizzey, Dave & Melanie <hr/> Contributor address; City; State; Zip Code 4101 OXFORD COURT  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  \$54.90
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>Date</b> 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Angie <hr/> Contributor address; City; State; Zip Code 1004 BEDFORD CT W  HURST, TX 76053	Amount of Contribution (\$)  \$54.90
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>Date</b> 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ranch, Jerry & Anne <hr/> Contributor address; City; State; Zip Code 511 MUSTANG COURT  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/8 Rpt: 9/23
<b>2</b> FILER NAME Skinner, Mark		<b>3</b> Filer ID
<b>4</b> Date 04/05/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Brian	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code 309 TIMBERLINE DR SOUTH  COLLEYVILLE, TX 76034		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/12/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risley, Ray	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1510 SMOKETREE DRIVE  KELLER, TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvador, Morgan	Amount of Contribution (\$) \$54.90
Contributor address; City; State; Zip Code 1390 N MAIN ST #3424  EULESS, TX 76039		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sexton, Michael	Amount of Contribution (\$) \$109.80
Contributor address; City; State; Zip Code 3612 GREENBRIAR COURT  COLLEYVILLE, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipferling, Scott	Amount of Contribution (\$) \$109.80
Contributor address; City; State; Zip Code 4300 PEMBROOKE PKWY W  COLLEYVILLE, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/8 Rpt: 10/23
<b>2</b> FILER NAME Skinner, Mark		<b>3</b> Filer ID
<b>4</b> Date 03/26/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Mary Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code 4100 OXFORD COURT  COLLEYVILLE, TX 76034	<b>7</b> Amount of Contribution (\$)  \$54.90
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/11/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Souder, Dr. Danny <hr/> Contributor address; City; State; Zip Code 8050 PRECINCT LINE RD  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinkamp, Vanessa <hr/> Contributor address; City; State; Zip Code 1313 ASHFORD COURT  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  \$54.90
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Cindy <hr/> Contributor address; City; State; Zip Code 200 MILL WOOD DR  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  \$109.80
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Jimmy <hr/> Contributor address; City; State; Zip Code 200 MILL WOOD DRIVE  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/23
2 FILER NAME Skinner, Mark		3 Filer ID
4 Date 03/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theus, Gregory	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 4104 OXFORD CT  COLLEYVILLE, TX 76034	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tigue, Joseph	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 4415 MEANDERING WAY  COLLEYVILLE, TX 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Jarrod	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 5604 TEXAS TRAIL  COLLEYVILLE, TX 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Stephen	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 6402 CHAMPION WAY  COLLEYVILLE, TX 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/23	
2 FILER NAME Skinner, Mark		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/26/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney Vineyards 7 Contributor address; City; State; Zip Code 2000 CHAMPAGNE BLVD  GRAPEVINE, TX 76051	8 Amount of contribution (\$) \$1,000.00	9 In-kind contribution description Hosted Fundraising Event
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/10 Rpt: 13/23	<b>2</b> FILER NAME Skinner, Mark	<b>3</b> Filer ID
<b>4</b> Date 04/19/2019	<b>5</b> Payee name AdPulse Media, LLC	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 500 N. Michigan Ave. Suite 600  Chicago, IL 60611	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Display Ads
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/08/2019	Payee name Birdwell, Ann Marie	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 10105 Locksley Drive  Benbrook, TX 76126	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/23/2019	Payee name CampaignShortCuts	
Amount (\$) \$279.61	Payee address; City; State; Zip Code 571 Austin Ct  Coppell, TX 75019	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Applications and Data Rental Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/10 Rpt: 14/23		2 FILER NAME Skinner, Mark		3 Filer ID	
4 Date 04/23/2019		5 Payee name CampaignShortCuts			
6 Amount (\$) \$324.76		7 Payee address; City; State; Zip Code 571 Austin Ct  Coppell, TX 75019			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Contact and Campaign Assistance	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/23/2019		Payee name CampaignShortCuts			
Amount (\$) \$1,654.09		Payee address; City; State; Zip Code 571 Austin Ct  Coppell, TX 75019			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Content Development and Digital Campaign Setup	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/08/2019		Payee name CampaignShortCuts			
Amount (\$) \$279.61		Payee address; City; State; Zip Code 571 Austin Ct  Coppell, TX 75109			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Applications and Data Rental Subscription	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/10 Rpt: 15/23		2 FILER NAME Skinner, Mark		3 Filer ID	
4 Date 04/23/2019		5 Payee name CampaignShortCuts			
6 Amount (\$) \$72.53		7 Payee address; City; State; Zip Code 571 Austin Ct  Coppell, TX 75019			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Polling Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Surveys	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/26/2019		Payee name Eventbrite			
Amount (\$) \$128.20		Payee address; City; State; Zip Code 651 Brannan St  San Francisco, CA 94107			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/24/2019		Payee name Facebook			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 1601 Willow Road  Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/10 Rpt: 16/23		<b>2</b> FILER NAME Skinner, Mark		<b>3</b> Filer ID	
<b>4</b> Date 04/24/2019		<b>5</b> Payee name Facebook			
<b>6</b> Amount (\$) \$160.00		<b>7</b> Payee address; City; State; Zip Code 1601 Willow Road  Menlo Park, CA 94025			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Advertising	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/24/2019		Payee name Google Inc			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/02/2019		Payee name H & Co. Strategies			
Amount (\$) \$1,900.18		Payee address; City; State; Zip Code P.O. Box 101902  Fort Worth, TX 76185			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign & Fundraising Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/10 Rpt: 17/23		2 FILER NAME Skinner, Mark		3 Filer ID	
4 Date 04/04/2019		5 Payee name Metro Mailer			
6 Amount (\$) \$2,056.15		7 Payee address; City; State; Zip Code 5719 E. Rosedale  Fort Worth, TX 76112			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/16/2019		Payee name Metro Mailer			
Amount (\$) \$1,991.09		Payee address; City; State; Zip Code 5719 E. Rosedale  Fort Worth, TX 76112			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/07/2019		Payee name Office Depot			
Amount (\$) \$141.76		Payee address; City; State; Zip Code 1317 State Highway 114 West  Grapevine, TX 76051			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Envelopes and Paper	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/10 Rpt: 18/23		<b>2</b> FILER NAME Skinner, Mark		<b>3</b> Filer ID	
<b>4</b> Date 04/07/2019		<b>5</b> Payee name Staples			
<b>6</b> Amount (\$) \$16.87		<b>7</b> Payee address; City; State; Zip Code 2800 Highway 121  Euless, TX 76039			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/26/2019		Payee name Stripe.com			
Amount (\$) \$14.13		Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/27/2019		Payee name Stripe.com			
Amount (\$) \$31.65		Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/10 Rpt: 19/23		<b>2</b> FILER NAME Skinner, Mark		<b>3</b> Filer ID	
<b>4</b> Date 03/28/2019		<b>5</b> Payee name Stripe.com			
<b>6</b> Amount (\$) \$6.40		<b>7</b> Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/01/2019		Payee name Stripe.com			
Amount (\$) \$3.20		Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/05/2019		Payee name Stripe.com			
Amount (\$) \$10.75		Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/10 Rpt: 20/23		<b>2</b> FILER NAME Skinner, Mark		<b>3</b> Filer ID	
<b>4</b> Date 04/08/2019		<b>5</b> Payee name Stripe.com			
<b>6</b> Amount (\$) \$58.30		<b>7</b> Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/10/2019		Payee name Stripe.com			
Amount (\$) \$3.50		Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/11/2019		Payee name Stripe.com			
Amount (\$) \$3.20		Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 21/23		2 FILER NAME Skinner, Mark		3 Filer ID	
4 Date 04/12/2019		5 Payee name Stripe.com			
6 Amount (\$) \$22.35		7 Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/06/2019		Payee name US Postal Service			
Amount (\$) \$385.00		Payee address; City; State; Zip Code 1501 Hall Johnson Rd  Colleyville, TX 76034			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage Stamps	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/11/2019		Payee name US Postal Service			
Amount (\$) \$27.50		Payee address; City; State; Zip Code 1501 Hall Johnson Rd  Colleyville, TX 76034			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage Stamps	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/10 Rpt: 22/23		2 FILER NAME Skinner, Mark		3 Filer ID	
4 Date 04/02/2019		5 Payee name Water2Wine Design			
6 Amount (\$) \$275.00		7 Payee address; City; State; Zip Code 168 Weldon Church Road  Bernice, LA 71222			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs/Tshirt/Push Cards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/23/2019		Payee name Water2Wine Design			
Amount (\$) \$565.00		Payee address; City; State; Zip Code 168 Weldon Church Road  Bernice, LA 71222			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad Content Creation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/17/2019		Payee name Westlake Ace Hardward			
Amount (\$) \$35.70		Payee address; City; State; Zip Code 4701 Colleyville Blvd  Colleyville, TX 76034			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cable Ties for Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor


Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 23/23		2 FILER NAME Skinner, Mark		3 Filer ID	
4 Date 03/26/2019		5 Payee name Lowe's			
6 Amount (\$) \$30.63  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 3000 State Highway 121  Euless, TX 76039			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Display Material	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/26/2019		Payee name Staples			
Amount (\$) \$13.62  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2800 Highway 121  Euless, TX 76039			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Display Material	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate/Officeholder name					
Office sought					
Office held					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mark		
	NICKNAME LAST SUFFIX Skinner		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 4100 Oxford Ct  Colleyville, TX 76034		Date Received
			Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Karen		
	NICKNAME LAST SUFFIX Deakin		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4828 Lakeside Dr Colleyville, TX 76034		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 399-9885		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year    Month Day Year 01/01/2019    THROUGH    03/25/2019		
10 ELECTION	ELECTION DATE Month Day Year 05/04/2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) None	12 OFFICE SOUGHT (if known) Colleyville Mayor	

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

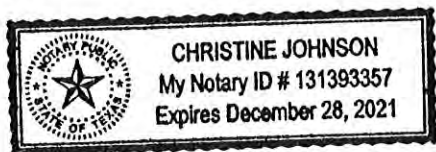
2 of 17

13 C / OH NAME Skinner, Mark	14 Filer ID
---------------------------------	-------------

15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	
		COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 440.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,090.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,345.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,744.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

## 17 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

R. Mark Skinner  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Skinner, this the 4th day of April, 2019, to certify which, witness my hand and seal of office.

Christine Johnson  
Signature of officer administering

Christine Johnson  
Printed name of officer administering

Mgmt Abst.  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 17

**18 FILER NAME**

Skinner, Mark

**19 Filer ID****20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE

SUBTOTAL AMOUNT

- |     |                                     |  |    |          |
|-----|-------------------------------------|--|----|----------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ | 9,090.00 |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ |          |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ |          |
| 4.  | <input checked="" type="checkbox"/> | SCHEDULE E: LOANS  | \$ | 1,000.00 |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ | 6,345.30 |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ |          |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$ |          |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ |          |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$ |          |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$ |          |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$ |          |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:  
Sch: 1/5 Rpt: 4/17

**2** FILER NAME  
Skinner, Mark

**3** Filer ID

**4** Date  
02/14/2019

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Atherton, Kay & Jay

**7** Amount of Contribution (\$)  
\$1,000.00

**6** Contributor address; City; State; Zip Code  
7207 JOHN MCCAIN RD  
COLLEYVILLE, TX 76034

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
02/15/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Baggett, Malika

Amount of Contribution (\$)  
\$300.00

Contributor address; City; State; Zip Code  
621 CANTERBURY ST  
EULESS, TX 76039

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/24/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Calvert, Jimmy

Amount of Contribution (\$)  
\$1,000.00

Contributor address; City; State; Zip Code  
1704 OAK KNOLL DR  
COLLEYVILLE, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/14/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Chatham, Keith

Amount of Contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
4413 BOWMAN DR  
COLLEYVILLE, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/20/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Davis, Leslie

Amount of Contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
101 W MILL VALLEY DR  
COLLEYVILLE, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/17
<b>2</b> FILER NAME Skinner, Mark		<b>3</b> Filer ID
<b>4</b> Date 03/23/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilby, Lee H <hr/> <b>6</b> Contributor address; City; State; Zip Code P.O. BOX 207  BURTON, TX 77835	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$100.00</div>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Tom <hr/> Contributor address; City; State; Zip Code 1717 AVONDALE DR  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$100.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Carolyn <hr/> Contributor address; City; State; Zip Code 109 STOCKMAN TRAIL  GEORGETOWN, TX 78633	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$2,000.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howe, Mark <hr/> Contributor address; City; State; Zip Code 3100 CARISBROOKE CT  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$100.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Jim & Jessica <hr/> Contributor address; City; State; Zip Code 3102 SCARBOROUGH LN W  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$100.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1:  
Sch: 3/5 Rpt: 6/17

**2** FILER NAME  
Skinner, Mark

**3** Filer ID

**4** Date  
03/06/2019

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Johnson, Larry & Alison

**7** Amount of Contribution (\$)  
\$250.00

**6** Contributor address; City; State; Zip Code  
3408 LANGLEY HILL LN  
COLLEYVILLE, TX 76034

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
02/12/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Lee, Roger

Amount of Contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
4901 BELDON TRL  
COLLEYVILLE, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/14/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Makens, James

Amount of Contribution (\$)  
\$250.00

Contributor address; City; State; Zip Code  
1312 SOMERSET CT  
COLLEYVILLE, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/25/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mastagni, Danee

Amount of Contribution (\$)  
\$250.00

Contributor address; City; State; Zip Code  
4108 PEMBROOKE PKWY W  
COLLEYVILLE, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/19/2019

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
McConnell, Melissa

Amount of Contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
1717 AVONDALE DR  
COLLEYVILLE, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/17
<b>2</b> FILER NAME Skinner, Mark		<b>3</b> Filer ID
<b>4</b> Date 02/25/2019	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meek, Karl <hr/> <b>6</b> Contributor address; City; State; Zip Code 6204 ROCK DOVE CIRCLE  COLLEYVILLE, TX 76034	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$250.00</div>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/09/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Louis <hr/> Contributor address; City; State; Zip Code 6404 TALBOT TRAIL  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  <div style="text-align: right;">\$250.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Jon & Rebecca <hr/> Contributor address; City; State; Zip Code 5200 TOPAZ COURT  FLOWER MOUND, TX 75022	Amount of Contribution (\$)  <div style="text-align: right;">\$500.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Mary Ann <hr/> Contributor address; City; State; Zip Code 4100 OXFORD COURT  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  <div style="text-align: right;">\$300.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Valerie <hr/> Contributor address; City; State; Zip Code 4100 OXFORD CT  COLLEYVILLE, TX 76034	Amount of Contribution (\$)  <div style="text-align: right;">\$100.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/17
2 FILER NAME Skinner, Mark		3 Filer ID
4 Date 02/22/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spivey, Christy	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 3907 MARTIN PKWY  COLLEYVILLE, TX 76034	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/16/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallhonrat, Paul	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 6510 CONNIE LN  COLLEYVILLE, TX 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
Sch: 1/1 Rpt: 9/17

2 FILER NAME  
Skinner, Mark

3 Filer ID

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan  
02/12/2019

7 Name of lender ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Skinner, Mark (Mr.)

9 Loan Amount (\$)  
\$1,000.00

6 Is lender a  
financial  
institution?  
No

8 Lender address; City; State; Zip Code  
4100 Oxford Ct  
  
Colleyville, TX 76034

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral  
☒ None

15 Check if personal funds were deposited into political account  
(See Instructions)  
☒

16 GUARANTOR  
INFORMATION

☒ not applicable

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

20 Principal occupation

21 Employer (See Instructions)



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/8 Rpt: 10/17		2 FILER NAME Skinner, Mark		3 Filer ID	
4 Date 02/15/2019		5 Payee name 4over			
6 Amount (\$) \$28.58		7 Payee address; City; State; Zip Code 5900 San Fernando Rd  Glendale, CA 91202			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/11/2019		Payee name Birdwell, Ann-Marie			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 10105 Locksley Drive  Benbrook, TX 76126			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/19/2019		Payee name CampaignShortCuts			
Amount (\$) \$498.83		Payee address; City; State; Zip Code 571 Austin Ct  Coppell, TX 75019			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet Domain Registration and Communications Rental Subscription	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/8 Rpt: 11/17	<b>2</b> FILER NAME Skinner, Mark	<b>3</b> Filer ID
<b>4</b> Date 03/13/2019	<b>5</b> Payee name CampaignShortCuts	
<b>6</b> Amount (\$) \$571.89	<b>7</b> Payee address; City; State; Zip Code 571 Austin Ct  Coppell, TX 75019	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Application Rental
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/13/2019	Candidate/Officeholder name	Office sought
Amount (\$) \$1,082.50	Payee name CampaignShortCuts	Office held
Purpose of Expenditure	Payee address; City; State; Zip Code 571 Austin Ct  Coppell, TX 75019	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Development
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/19/2019	Candidate/Officeholder name	Office sought
Amount (\$) \$19.03	Payee name Checks In the Mail	Office held
Purpose of Expenditure	Payee address; City; State; Zip Code 2435 Goodwin Lane  New Braunfels, TX 78135	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Checks
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate/Officeholder name	Office sought
Amount (\$)	Payee name	Office held
Purpose of Expenditure	Payee address; City; State; Zip Code	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/8 Rpt: 12/17	2 FILER NAME Skinner, Mark	3 Filer ID
4 Date 03/04/2019	5 Payee name Designer Graphics	
6 Amount (\$) \$3,058.71	7 Payee address; City; State; Zip Code 12404 Hwy 155 South  Tyler, TX 75703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard and Large Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/15/2019	Candidate/Officeholder name Lowe's	Office sought Office held
Amount (\$) \$31.26	Payee address; City; State; Zip Code 3000 State Highway 121  Euless, TX 76039	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cable Ties for Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/22/2019	Candidate/Officeholder name Lowe's	Office sought Office held
Amount (\$) \$27.41	Payee address; City; State; Zip Code 3000 State Highway 121  Euless, TX 76039	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cable Ties for Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/8 Rpt: 13/17		2 FILER NAME Skinner, Mark		3 Filer ID	
4 Date 03/13/2019		5 Payee name Shirt-ology			
6 Amount (\$) \$388.35		7 Payee address; City; State; Zip Code 1401 Mary Court  Keller, TX 76262			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-shirts	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/19/2019		Payee name Stripe.com			
Amount (\$) \$3.20		Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/20/2019		Payee name Stripe.com			
Amount (\$) \$19.75		Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/8 Rpt: 14/17	2 FILER NAME Skinner, Mark	3 Filer ID
4 Date 02/25/2019	5 Payee name Stripe.com	
6 Amount (\$) \$7.55	7 Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2019	Candidate/Officeholder name	Office sought Office held
Payee name Stripe.com		
Amount (\$) \$1.75	Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/06/2019	Candidate/Officeholder name	Office sought Office held
Payee name Stripe.com		
Amount (\$) \$9.01	Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/8 Rpt: 15/17		<b>2</b> FILER NAME Skinner, Mark		<b>3</b> Filer ID	
<b>4</b> Date 03/07/2019		<b>5</b> Payee name Stripe.com			
<b>6</b> Amount (\$) \$3.20		<b>7</b> Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/09/2019		Payee name Stripe.com			
Amount (\$) \$7.55		Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/16/2019		Payee name Stripe.com			
Amount (\$) \$3.20		Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/8 Rpt: 16/17		2 FILER NAME Skinner, Mark		3 Filer ID	
4 Date 03/23/2019		5 Payee name Stripe.com			
6 Amount (\$) \$3.20		7 Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/24/2019		Payee name Stripe.com			
Amount (\$) \$29.30		Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/18/2019		Payee name Stripe.com			
Amount (\$) \$1.03		Payee address; City; State; Zip Code 3180 18th St  San Francisco, CA 94110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Daily Online Donation Collection Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 17/17	2 FILER NAME Skinner, Mark	3 Filer ID
4 Date 02/16/2019	5 Payee name Water2Wine Design	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 168 Weldon Church Road  Bernice, LA 71222	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Graphics
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name		
Office sought		
Office held		